Statement — Long Form (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE Check one of the following boxes to indicate the type of statement being filed: Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.) Special Odd-Year Campaign Report Special Odd-Year Campaign Report Special Odd-Year Campaign Report Termination Statement (Attach a completed Form 415 to this statement.) Office holder, Candidate, and Controlled Committee Included in this Statement NAME OF OFFICEHOLDER OR CANDIDATE David P. Warner Office sought observed which you have knowledge that are primarily formed to receive contribution or to make expenditures on behalf of your candidacy. Committee so (which you have knowledge that are primarily formed to receive contribution or to make expenditures on behalf of your candidacy. Committee ADDRESS (NO. AND STREET) To Willow Glen Drive State 20 CODE AREA CODEDATTIME PHONE COMMITTEE NAME LD. NUMBER COMMITTEE NAME LD. NUMBER COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME LD. NUMBER COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME LD. NUMBER COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME LD. NUMBER LD. NUMBER COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME LD. NUMBER LD. NUMBER LD. NUMBER LD. NUMBER COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME LD. NUMBER LD. NU	Officeho' r, Candid	ato		Type or print in lnk,				COVER	RPAG ONG FOR
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	FOR INFORMATION REQUIRED TO BE PROVI	DED TO YOU PURSUANT	TO THE INFORMATIO	IN PAACTICES ACT OF 1977, SEE INFO	RMATION MA	NUAL ON CAMPAIGN DISCLOSURE PROV			

State of California Fair Political Practices Commission

Campaig Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

S. MARY PAGE

			from July 1, 1994	1994 (O) (A) (*********************************
SEE INSTRUCTIONS ON REVERSE			through <u>Sept. 30, 1994</u>	Page 2 of 5
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE David P. Warner				I.D. NUMBER 942721
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	s _	4029.00	\$	\$ 4029.00
2. Loans Received Schedule B, Line 7	_	-0-		-0-
3. SUBTOTAL CASH CONTRIBUTIONS	s _	4029 00	s	\$ 4029.00
4. Non-monetary Contributions Schedule C, Line 3	_	-0-		
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	s _	4029.00	s	\$ 4029.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	_	-0-		0-
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$_	4029.00		\$ 4029.00
Expenditures Made				4000 E2
8. Cash Payments (Other than Loans Made) Schedule E, Une 5	\$ _	1990_53 -0-	s	\$ <u>1990.53</u>
9. Loans Made Schedule H, Line 7	-			1990.53
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	s _	1990.53	. s	-0-
11. Accrued Expenses (Unpaid Bills) Schedule F, Une 5	_	-0-		1990.53
12. TOTAL EXPENDITURES MADE	\$ <u>_</u>	1990.53	\$	\$
Current Cash Statement		-0-		:
13. Beginning Cash Balance Previous Summary Page, Line 17 14. Cash Receipts Column A, Line 3 above	, _	4029.00	 From previous Statement Summa this is the first report filed for the ca 	lendar year, Column B should be
14. Cash Receipts		-0-	 blank except for Loans Received (Lir 6), Loans Made (Line 9), and Accrued 	ie 2), Enforceable Promises (Line Expenses (Line 11).
16. Cash Payments Column A, Line 10 above	-	1990.53	•	
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	•	2038.47	Summary for Candidates	in Roth June and
If this is a termination statement, Line 17 must be zero.	٠.	ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	November Elections	•
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	s _	-0-	21. Contributions Received \$	7/1 to Date 4029.00
Cash Equivalents and Outstanding Debts		-0-	22. Expenditures	1990.53
19. Cash Equivalents See Instructions on reverse	s _	-0-	Måde \$	
20. Outstanding Debts Add Line 2 + Line 11 in Column Cabove	s _	-v-		

Schedule A	
Monetary Contributions	Received

Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period
from July 1, 1994
through Sept. 30, 1994

Page 3 of 5

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER 942721

					942721
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		:			
	·				
	; :				
		·			* 1
					-
		SUBTOTAL \$			
•	ontributions Summary				
. Amount reci (Include all	eived this period — contributions of \$100 or more. Schedule A subtotals.)			\$	
. Amount rec (Do not item	eived this period — contributions of less than \$100. nize.)		······································	\$ 4029.00	
. Total monet (Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Page, Column A, Lind	e 1.)	TOTA	4029.00	

Schedule Payments and Contributions (Other Than Loans) Made

'ype or print in ink. curounts may be rounded to whole dollars.

	CHEDULE E
Statement covers period	ZAURORUA ZION
from <u>July 1, 1994</u>	1994 FORM 490
through <u>Sept. 30, 1994</u>	Page4 of5
	I.D. NUMBER
	942721

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES

"B" - BROADCAST ADVERTISING "O" - OUTSIDE ADVERTISING

"G" - GENERAL OPERATIONS AND OVERHEAD

AND COMMITTEES

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

"I" - INDEPENDENT EXPENDITURES

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

"L" - LITERATURE "F" - FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.						
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
	11						
Important: Contributions and expenditures made out of campaign funds officeholders, candidates, committees, or ballot measures must also be en	to or on beha tered on the .	lf of other Allocation Pa	ge, Part I. SUBTOT	AL \$			
Payments and Contributions Made Summary		-					
1. Payments made this period of \$100 or more. (Include all Schedule E subto	otals.)						
2. Payments made this period of under \$100. (Do not itemize.)				\$15.00			
3. Total interest paid this period on outstanding loans. (Enter amount from	Schedule B,	Part II, Colum	n (d).)	\$			
4. Total accrued expenses paid this period. (Do not itemize. Enter amount	from Schedul	e F, Line 4.)		···• -0-			
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here an				· · · · · · · · · · · · · · · · · · ·			

Schedule = (Continuation Sheet) Payments and Contributions (Other Than Loans) Made

ype or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (cont.)

Statement covers period	CALIFORNIA / CON
from July 1, 1994	saparonia 4,50
through <u>Sept. 30, 1994</u>	Page _5 of5
	1.D. NUMBER 942721

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David P. Warner

CODES FOR CLASSIFYING EXPENDITURES

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"B" -- BROADCAST ADVERTISING "N" - NEWSPAPER AND PERIODICAL ADVERTISING "G" - GENERAL OPERATIONS AND OVERHEAD "T" -- TRAVEL, ACCOMMODATIONS AND MEALS

"O" - OUTSIDE ADVERTISING

(MUST BE DESCRIBED)

"I" - INDEPENDENT EXPENDITURÉS

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING

"L" -- LITERATURE

"F" -- FUNDRAISING EVENTS

SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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Photo Instant Print 222 W. Pine Street Lodi, CA 95240	L			211.57
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